NICE National Institute for Health and Care Excellence

NICE Pathways

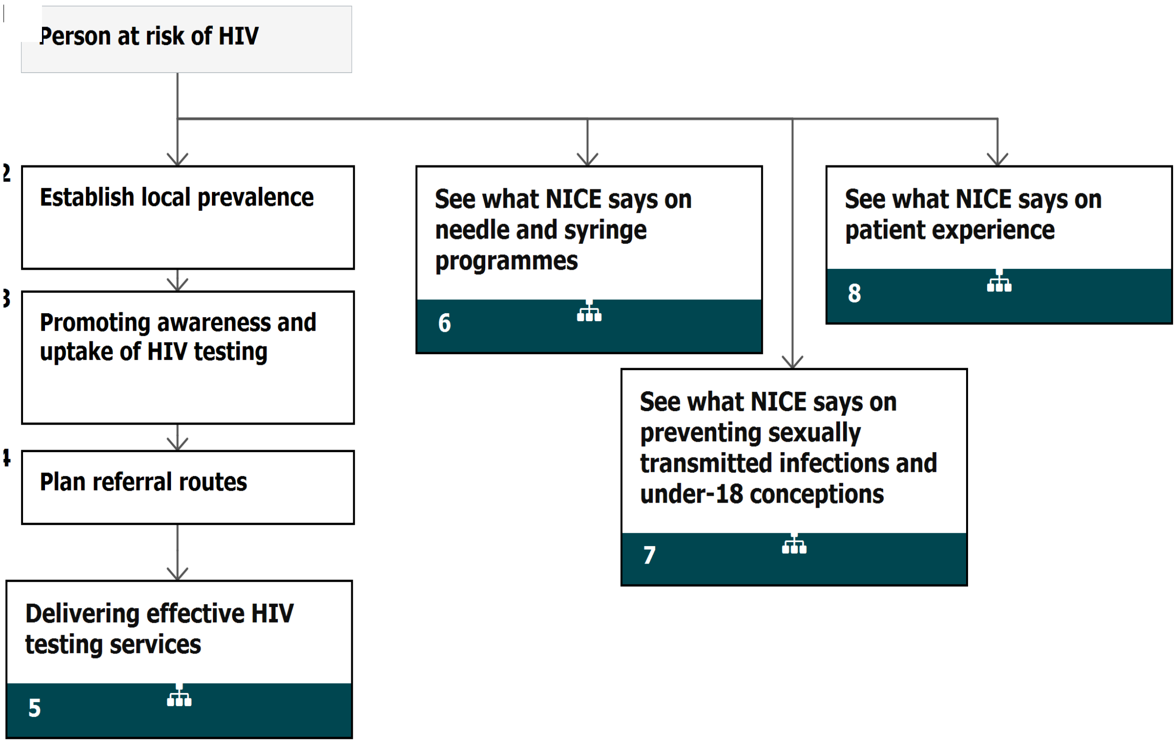
HIV testing and prevention overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/hiv-testing-and-prevention
Pathway last updated: 06 September 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.


Person at risk of HIV
2 Establish local prevalence
3 Promoting awareness and uptake of HIV testing
4 Plan referral routes
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5
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1 Person at risk of HIV

No additional information

2 Establish local prevalence

Offer and recommend HIV testing based on local prevalence and how it affects different groups and communities. Use Public Health England's sexual and reproductive health profiles and local data to establish:

- local HIV prevalence, including whether an area has high prevalence or extremely high prevalence
- rates of HIV in different groups and communities.

3 Promoting awareness and uptake of HIV testing

Methods of raising awareness

Use or modify existing resources, for example TV screens in GP surgeries, to help raise awareness of where HIV testing (including self-sampling) is available (see also 'Content of health promotion materials' below).

Consider a range of approaches to promote HIV testing, including:

- local media campaigns
- digital media, such as educational videos
- social media, such as online social networking, dating and geospatial apps
- printed materials, such as information leaflets.

Ensure interventions to increase the uptake of HIV testing are hosted by, or advertised at, venues that encourage or facilitate sex (such as some saunas, websites, or geospatial apps that allow people to find sexual partners in their proximity). This should be in addition to general community-based HIV health promotion.

Promote HIV testing when delivering sexual health promotion and HIV prevention interventions. This can be carried out in person (using printed publications such as leaflets, booklets and posters) or through electronic media.

Advertise HIV testing in settings that offer it (for example, using posters in GP surgeries) and make people aware that healthcare professionals welcome the opportunity to discuss HIV testing.

See what NICE says on community engagement.

Content of health promotion materials

Materials and interventions for promoting awareness and increasing the uptake of HIV testing should be designed in line with NICE's recommendations on behaviour change and patient experience.

Provide promotional material tailored to the needs of local communities. It should:

- provide information about HIV infection and transmission, the benefits of HIV testing and the availability of treatment
- emphasise that early diagnosis is not only a route into treatment and a way to avoid complications and reduce serious illness in the future, but also reduces onward transmission
- detail how and where to access local HIV testing services, including services offering POCT and self-sampling, and sexual health clinics
- dispel common misconceptions about HIV diagnosis and treatment
- present testing as a responsible act by focusing on trigger points, such as the beginning of a new relationship or change of sexual partner, or on the benefits of knowing one's HIV status
- address the needs of non-English-speaking groups, for example, through translated and culturally sensitive information.

Ensure health promotion material aims to reduce the stigma associated with HIV testing and living with HIV, both among communities and among healthcare professionals.

Ensure health promotion material provides up-to-date information on the different kinds of HIV tests available. It should also highlight the significantly reduced window period resulting from the introduction of newer tests such as fourth generation serological testing.

For further information on POCT and self-sampling, see point of care testing and self-sampling.

4 Plan referral routes

Ensure practitioners delivering HIV tests (including those delivering outreach POCT) have clear referral pathways available for people with both positive and negative test results, including to sexual health services, behavioural and health promotion services, HIV services and confirmatory serological testing, if needed. These pathways should ensure the following:

- People who test positive are seen by an HIV specialist preferably within 48 hours, certainly within 2 weeks of receiving the result (in line with UK national guidelines for HIV testing 2008). They should also be given information about their diagnosis and local support groups.
- Practitioners in the voluntary or statutory sector can refer people from HIV prevention and health promotion services into services that offer HIV testing and vice versa.

5 Delivering effective HIV testing services

See HIV testing and prevention / Delivering effective HIV testing services

6 See what NICE says on needle and syringe programmes

See Needle and syringe programmes

7 See what NICE says on preventing sexually transmitted infections and under-18 conceptions

See Preventing sexually transmitted infections and under-18 conceptions

8 See what NICE says on patient experience

See Patient experience in adult NHS services

Glossary

chemsex

commonly used to describe sex between men that occurs under the influence of drugs taken immediately before and/or during the sexual session; the drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine

extremely high prevalence

local authorities with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years (based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's sexual and reproductive health profiles)

fourth generation serological testing

detect HIV antibodies and p24 antigen simultaneously; this means they have the advantage of reducing the time between infection and testing HIV positive to about 1 month

high

local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 (people aged 15–59 years), based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's sexual and reproductive health profiles)

high prevalence

local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 (people aged 15–59 years), based on modelling of diagnosed HIV prevalence distribution in local authorities in England; see Public Health England's sexual and reproductive health profiles)

lay testers

non-clinical practitioners who have been trained to carry out HIV tests

POCT

point-of-care tests or 'rapid' tests are a common way to test for HIV; they are easy to use when an alternative to venepuncture is preferable, for example outside conventional healthcare settings and where it's important to avoid a delay in obtaining a result. However, they have reduced specificity and sensitivity compared with fourth generation laboratory tests; this means there will be false positives, particularly in areas with lower HIV prevalence, and all positive results need to be confirmed by serological tests

public sex environments

public areas where people go to engage in consensual sexual contact (both same sex and opposite sex)

self-sampling

self-sampling HIV kits allow people to collect their own sample of blood or saliva and send it by post for testing; they usually receive negative results by text message

self-testing

self-testing kits allow people to perform their own HIV test in a place of their own choosing and get an immediate result (typically within 15–20 minutes)

window period

the time between potential exposure to HIV infection and when a test will give an accurate result; the window period is 1 month for a fourth generation test and 3 months for older tests

Sources

HIV testing: increasing uptake among people who may have undiagnosed HIV (2016) NICE guideline NG60

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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